

FILE 'MEDLINE, BIOSIS, CANCERLIT, LIFESCI, BIOTECHDS' ENTERED AT
22:35:24

ON 18 JAN 2002

L1 21441 S SIALOGLYCOP? OR SIALOP? OR POLYSIALOGLYCOP? OR
ASIALOGLYCOP?
L2 52 S LIP?(2W)L1
L3 52 S L2 AND PY<2002
L4 35 DUP REM L3 (17 DUPLICATES REMOVED)
L5 784 S L1 AND (CSF OR CEREBRO? OR ((PERITONEAL OR
PLEURAL) (W)FLUID#)
L6 377 S L1 AND (((PERITONEAL OR PLEURAL) (W)FLUID#) OR LAVAGE# OR
SALI
L7 162 S L1 AND (((PERITONEAL OR PLEURAL) (W)FLUID#) OR LAVAGE# OR
SALI
L8 291 S L1 AND (CSF OR (CEREBRO-SPINAL) OR CEREBROSPINAL)
L9 177 DUP REM L8 (114 DUPLICATES REMOVED)
L10 93 S L1 AND (CSF OR (CEREBRO-SPINAL) OR CEREBROSPINAL)/TI
L11 255 S L7 OR L10
L12 35 S L11 AND (CANCER# OR TUMOR# OR TUMOUR# OR MALIGNAN? OR
METASTA
L13 21 DUP REM L12 (14 DUPLICATES REMOVED)
L14 402 S L1 AND (((CEREBRO? OR PERITONEAL OR PLEURAL OR
SALIV?) (W)FLUI
L15 88 S L14 AND (TUMOR# OR TUMOUR#)
L16 18 S L15 NOT ((TUMOR OR TUMOUR) (W)NECROSIS)
L17 23 S L14 AND (CANCER# OR MALIGNAN? OR METASTA? OR CARCINOMA# OR
AD
L18 27 S L16 OR L17
L19 17 DUP REM L18 (10 DUPLICATES REMOVED)

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MeSH Term Information

Concept	Sialoglycoproteins
Definition	Glycoproteins which contain sialic acid as one of their carbohydrates. They are often found on or in the cell or tissue membranes and participate in a variety of biological activities.
Tree Numbers	D12.644.233.800
Tree Numbers	D12.776.395.700
Registry Number	0
Annotation Note	glycoproteins containing sialic acid: do not confuse with SALIVARY PROTEINS, proteins found in saliva; /biosyn /physiol permitted
Previous Indexing	Glycopeptides (1973-1976)
Previous Indexing	Glycoproteins (1966-1976)
Previous Indexing	Neuraminic Acids (1966-1974)
Previous Indexing	Sialic Acids (1975-1976)
History Note	77
Public MeSH Note	77
Entry Term	Sialoglycopeptides
Entry Term	Sialoproteins
Entry Term	Polysialoglycoproteins
Date Major Established	19770101
Entry Date	19760427
Last Revision Date	19920520
Concept Id	C0037028
Allowable Qualifiers	AD AE AG AI AN BI BL CF CH CL CS CT DE DF DU EC GE HI IM IP ME PD PH PK PO RE SD SE ST TO TU UL UR
See Also	Asialoglycoproteins
Unique ID	D012795

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USPT	4342567[pn] or 5141864[pn] or 5045453[pn] or 5462877[pn]	4	<u>L10</u>
JPAB,EPAB,DWPI	4342567[pn] or 5141864[pn] or 5045453[pn] or 5462877[pn]	7	<u>L9</u>
JPAB,EPAB,DWPI	16 and lipid\$5	11	<u>L8</u>
JPAB,EPAB,DWPI	16 and (((peritoneal or pleural or salivary or cerebro\$6) adj fluid) or (lavage or sputum))	4	<u>L7</u>
JPAB,EPAB,DWPI	sialoglycoprotein\$1 or sialoglycopeptide\$1 or sialoprotein\$1 or sialopeptide\$1 or polysialoglycopeptide\$1 or polysialoglycoprotein\$1 or asialoglycopeptide\$1 or asialoglycoprotein\$1 or (neuraminic adj acid\$1)	432	<u>L6</u>
USPT	14 and @ad<20010309	5	<u>L5</u>
USPT	12 or 13	5	<u>L4</u>
USPT	11 same (lavage or sputum)	3	<u>L3</u>
USPT	11 same (((peritoneal or pleural or salivary or cerebro\$6) adj fluid)	2	<u>L2</u>
USPT	sialoglycoprotein\$1 or sialoglycopeptide\$1 or sialoprotein\$1 or sialopeptide\$1 or polysialoglycopeptide\$1 or polysialoglycoprotein\$1 or asialoglycopeptide\$1 or asialoglycoprotein\$1 or (neuraminic adj acid\$1)	1381	<u>L1</u>



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Serum bone sialoprotein as a marker of tumour burden and neoplastic bone involvement and as a prognostic factor in multiple myeloma.

Woitge HW, Pecherstorfer M, Horn E, Keck AV, Diel IJ, Bayer P, Ludwig H, Ziegler R, Seibel MJ.

Department of Medicine I, University of Heidelberg, Heidelberg, D-69115, Germany.

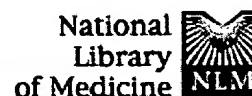
Related Resources

To test the potential of immunoreactive BSP, a non-collagenous bone matrix component, as a clinical guide in patients with plasma cell dyscrasias, serum BSP concentrations were measured in 62 patients with newly diagnosed multiple myeloma (MM) followed over a period of 4 years, in 46 patients with monoclonal gammopathy of undetermined significance (MGUS), in 71 patients with untreated benign vertebral osteoporosis (OPO), and in 139 healthy adults. Results were compared with clinical and laboratory data, including serum osteocalcin (OC), and urinary pyridinoline (PYD) and deoxypyridinoline (DPD) as markers of bone turnover. In MM, serum BSP, and urinary PYD and DPD were higher than in healthy controls and in MGUS or OPO ($P < 0.001$). BSP levels correlated with the bone marrow plasma cell content ($r = 0.40$, $P < 0.001$), and serum beta2-microglobulin ($r = 0.31$, $P < 0.01$). The differentiation of MM from healthy controls and from MGUS or OPO was highest for BSP. After chemotherapy, BSP reflected the response to treatment and correlated with the change in monoclonal protein ($r = 0.55$, $P < 0.001$). MM patients with normal baseline BSP levels survived longer than patients with initially elevated BSP values ($P < 0.001$, log rank test). Only serum monoclonal protein and BSP were independent predictors of survival. We conclude that in MM, BSP levels are associated with skeletal involvement and tumour cell burden. The quantification of serum BSP may be a non-invasive method for the diagnosis and follow-up, and may improve the prognostic value of conventional staging in MM.

PMID: 11161399 [PubMed - indexed for MEDLINE]

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Increased expression of bone sialoprotein in bone metastases compared with visceral metastases in human breast and prostate cancers.

Waltregny D, Bellahcene A, de Leval X, Florkin B, Weidle U, Castronovo V.

Metastasis Research Laboratory, University of Liege, Belgium.

Related Resources

The recent demonstration that bone sialoprotein (BSP) is expressed in osteotropic cancers suggests that this bone matrix protein might be implicated in the preferential seed and growth of metastatic cells in bone. High expression of BSP in breast and prostate primary carcinomas is associated with progression and bone metastases development. The exact mechanisms by which BSP may favor bone metastases formation are not clearly established yet. Although BSP expression has been detected in breast, prostate, lung, thyroid, and neuroblastoma primary tumors, no information regarding its expression in metastases is available to date. In this study, we have examined BSP expression in 15 bone and 39 visceral metastatic lesions harvested from 8 breast cancer patients and 7 prostate cancer patients who died of disseminated disease. We were able to retrieve the primary lesions from 5 of the 8 breast cancer patients as well as from all 7 prostate cancer patients. All the primary breast tumor patients and 5 of the 7 primary prostate cancer patients expressed a detectable level of BSP. Bone metastases from all 8 breast cancer patients and from 5 out of 7 prostate cancer patients exhibited detectable levels of the protein. Metastatic cells in close contact with bone trabeculae usually were highly positive for BSP. BSP also was detected in secondary lesions developed at visceral sites including liver, thyroid, lung, and adrenal glands. However, BSP expression was significantly lower in visceral metastases than in skeletal ones (Mann-Whitney test, $p < 0.05$). Our data represent the first demonstration of an increased expression of BSP in bone metastases compared with nonskeletal metastases in human breast and prostate cancers and add weight to the body of evidence attributing a significant role to this protein in the genesis of bone metastases.

PMID: 10804012 [PubMed - indexed for MEDLINE]

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